

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/632364</div>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1										
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47											
48											
49											
50											
Total Indep	1										
Total Depend	30										
Total Claims	31										
	Indep	Depend	Indep	Depend	Indep	Depend					
51											
52											
53											
54											
55											
56											
57											

Filing Date

Applicant(s)

* May be used for additional claims or amendments